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ABSTRACT

A case study examined the cooperative consultation between a writer for the television serial "All My Children" and a health educator. The consultation spanned six years. The story of the alcoholic "Arlene" began to air on the serial in January 1991. Scenes involving Arlene were recorded. Consultation between the health educator and the serial writer occurred in person and on the telephone, and the frequency of contact was controlled by the need to discuss certain upcoming alcohol-related specifics on plot, character, and social environment. Seven "patterns" (recommendations regarding portrayals of alcoholism) used in such cooperative consultations were adopted by the industry, and aimed primarily to alert the industry to the major aspects of alcohol education. The case of Arlene demonstrates that the "All My Children" staff have captured the seven patterns and progressed to a new frame of reference. To realize the potential of the mass media in health education, at least two modalities can be used: cooperative consultation and health campaigns. As in the case of Arlene's story, health educators can enlarge and deepen the health message when working with the media, but their role is far from easy. Difficulties include how to: gain access; gain knowledge about practices institutionalized in the media; develop the ability to use the principles of cooperative consultation; and work with the entertainment media in telling stories. In regard to the first two difficulties, the health educator is advised: (1) that access will typically depend upon the educator's making the first moves, e.g., locating the specific medium, identifying reporters interested in health, having a project to suggest; and (2) that in order to become knowledgeable, the educator should make a careful study of media practices and preferences. In regard to cooperative consultation, certain basic principles must be observed, such as: no pressure is exerted by the health consultants; the relationship is collegial, not adversarial; controversy and ideology are avoided. In today's culture emphasizing healthy lifestyles, the cooperative consultation relationship is possible when three conditions are met: (1) the educator has a genuine interest in the media; (2) the media representative has a stake in the health issue; and (3) mutural respect and commitment are present. Finally, the media like health materials as story subjects, and the field of public health has a lot of material to offer. (Thirty-six references are attached.) (RS)

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CONSULTING WITH MEDIA FOR HEALTH EDUCATION:

SOME NEW DIRECTIONS

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and

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U.S. DEPARTMENT OF EDUCATION
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CONSULTING WITH MEDIA FOR HEALTH EDUCATION: SOME NEW DIRECTIONS

By James R. De Foe and Warren Breed

Two recent books (Atkin and Wallack 1990) and (Resnik 1990) make a strong case for the use of mass media in education and prevention of problems involving AOD (alcohol and other drugs). Both recommend a broader environmental approach. Many domains of prevention were discussed - reducing availability of drugs, server intervention, new or changed laws, higher taxes, and the like. Mass media, however, emerged as the central focus, particularly in the Atkin-Wallack volume.

This book stems from a recent conference sponsored by several federal health agencies. The conference sought to achieve several goals: "increasing understanding of mass communication influences on health issues and problems, exploring shared responsibilities among media and public health professionals, designing strategies for influencing policymakers and gatekeepers in each field, and setting priorities for future initiatives and research" (Atkin and Wallack 1990, p. 8). More specifically, "to explore how the mass media could become a more potent weapon to improve public health." The significance of the media for health education was stated by several contributors. Wallack (1990, p. 50) said, "Mass media are too valuable a resource to be used as simple information and entertainment machines. They must be tools to enhance understanding."

One specific modality for gaining this goal ran through the Atkin-Wallack book. This was the formation of "working relationships" between health professionals and media personnel. Discussions of the potential of direct relationships are found in several chapters by Atkin and Arkin, Wallack, Meyer, Klaidman, Stuyck, Montgomery, Arkin, Denniston and Romano, and Pertschuk. The editors in their preface (p. 11) summarize Montgomery's discussion of the "Hollywood lobbyists": "The most successful efforts involve cooperative approaches that sensitize the creative community to key issues and provide helpful advice and

valuable resource materials." The several writers, however, urged caution due to the differing and often conflicting interests of media and the health sciences. The overall focus of several chapters is that gaining the cooperation of the media is not simple, but it can work. It is also the message of this article.

These kinds of relationships and direct consultation with media personnel have been a major focus of our project since 1974. We have termed our technique "cooperative consultation." This article will present in detail a case history of cooperative consultation. We will deal with a story in the soap opera "All My Children" which features an alcoholic, her relationships with others, and the actions taken to resolve her alcoholism. "All My Children" has ranked among the top three soaps in audience ratings for many years. It runs five days a week for one hour, and has done so for two decades.

One paper on "All My Children" has already been published (Wallack, Breed, and De Foe, 1985). The article had been read at the 1984 meetings of the American Public Health Association, and it caught the attention of the media. Due to the publicity, contact was established between our staff and the program's producer. After preliminary talks, it was agreed that De Foe, a member of the Screen Writers Guild, would consult with the serial's writers on matters dealing with alcohol and other drugs. The consultation began in 1985. De Foe and the television writer conferred many times, in person and on the telephone. Frequency of contact was controlled by the need to discuss certain upcoming alcohol-related specifics on plot, character, and social environment.

The story of Arlene reflects the content of these conversations which are the most intensive we have ever done. After presenting the case history, we will follow with further discussion of the role of the media in health education and prevention, and the nature of direct consultation with media personnel.

The case of the alcoholic "Arlene" began in January of 1991. It continues at the time of this writing. Since January all episodes but three have been observed and the scenes involving Arlene have been recorded by at least one of the three staff members.

Arlene, in her late 30s, began drinking heavily after the death of her husband. She blamed her drinking on this loss. She followed her daughter Hayley to Pine Valley (site of the program) after Hayley had left her when the drinking became intolerable. Hayley was living with Trevor Dillon, Arlene's brother and a respected detective. From February to May she was seen to ingest alcohol on screen 21 times and nine more times was "prepared" to drink at a completion of the scene. On camera she passed out three times. Most frequently she drank alone.

Important to the alcoholic career - but seldom shown in movies or television stories - is the manner in which other persons close to the drinker respond to the heavy drinking. In Arlene's case, however, her frequent imbibing was noted and disapproved by at least nine other characters (three of the nine were under 18). A total of 22 disapproving remarks - about half of them by Trevor - were made in her presence. Many of these were name-calling: "drunk," "lush," "disgusting," and the like. Not once did another character express approval of her drinking.

Arlene's counter-response to the charges made by the others used many of the defensive techniques characteristic of alcoholics: she denied drinking 10 times, projected blame on others 11 times, denigrated A.A. and other 12-step groups on four occasions, and promised to stop drinking eight times. Further, she took two actions especially dangerous to others. She planted drugs on Trevor, which could have ended his police career, and she allowed Hayley to take the blame for her drunk-driving accident; which caused serious injuries to Brooke, one of the program's heroines.

For several months most of the responses of others took the form of insults and name-calling. There was also some "advice": "Stop boozing," "Get help," and "Go to A.A." While these recommendations did go in the right direction, they omitted the realistic steps necessary to begin a recovery program. In real life much the same happens, of course, when well-intentioned others believe they are helping the alcoholic. Instead, these charges, which are part of the "enabling" process, are counterproductive. Trevor took the lead in name-

calling threats, sermons, and judgmental statements. Natalie, Trevor's fiancé, offered sympathy, money, and a loving home setting - all of which had no effect on the problem. Brian, Hayley's boyfriend, criticized and threatened Arlene.

The chief enabler, however, was Arlene's daughter Hayley. Originally appalled by her mother's drinking behavior, Hayley became her mother's protector when the others joined in attacking Arlene. In dramatic and entertainment terms, the complementary roles of alcoholic and codependent constituted the fulcrum of the drama, supplemented by the nagging interference of the others. Hayley defended her mother, even getting into fights with peers at school. She continued to extract promises from her mother to stop drinking even though the promises were violated within hours. She took her mother's side when Arlene denied any consequences of her drinking, while everyone else was pointing to reality.

Consider how neatly the drunk-driving accident dramatizes the roles of alcoholic and enabler. Driving under the influence, Arlene causes an auto accident in which Brooke and her unborn baby are almost killed. Hayley, the enabler, realizing that her mother has two DUIs on her record, tells police that she, not her mother, was driving. Hayley would face up to 20 years in jail. Arlene denies the truth. This exposes the basic lie involved in all enabling: Hayley is not helping her mother (who continues to drink) by saving her from the consequences of her actions but is making possible her continued dangerous lifestyle.

The change in attitudes of the others begins when they realize that Hayley faces a jail sentence and that Arlene is continuing her drinking. This change is mobilized by Tom, a recovering alcoholic who regularly attends A.A. meetings. Tom shows them that they are actually supporting Arlene's drinking and that only a complete change of attitude and behavior could bring relief. They begin to understand the disease concept and other characteristics of A.A. and recovery. Along with recommending detachment by the codependents, he suggests an intervention strategy that requires loving confrontation from them. Trevor tells Arlene that although he loves her, he will no longer pay her rent as long as she continues to drink. He tells her that he is doing this not to punish her, but that he could no longer allow her to destroy

herself by drinking. Natalie and Brian make similar statements. Hayley fights the intervention at first, but eventually she is brought to realize that Tom's recommendations make sense. Her turnaround is aided when Brian tells her that he has problems too, but that he has found a way to cope. Hayley responds slowly: "You mean you go to those meetings?" From Brian she learns about Alateen. It is important to add here that several weeks before Tom's move for the intervention, Brian had tried to tell Hayley and Trevor about the principles and working of A.A., but they were not prepared to take him seriously. Brian's father was an alcoholic and Brian had learned to cope through Alateen. When Tom first spoke of the intervention, however, Brian contributed to Tom's negotiations to start the recovery process.

Arlene eventually moves with the others toward reality. She confesses she drove the car in the accident and receives a jail term. After some time in prison, she tells Hayley that she is "going to those meetings," and that "they are helping me." Her appearance too has become more attractive.

One can surmise that some viewers are learning lessons from the story. First, they see the problems created for the daughter, the brother, and the others - the major codependents; going from the stereotyped stage of insults, threats, and name-calling to the more positive stance of intervention and caring. The actions of the first stage, they could learn, should be extinguished and that Tom's way can bring a chance of recovery. Background material on Al-Anon and intervention was discussed with the media representative over a long period of time.

One feature of the Arlene story is the wider lens with which the alcoholic behavior is seen. No longer is the alcoholic individual at center stage with the other actors playing bit parts. Now, the alcoholic must share the spotlight with her codependents, constituting a system of interpersonal relationships impinging on the problem drinking and responses to it.

One way to further analyze this systems approach is to present the seven patterns used in our cooperative consultations with television writers, producers, and directors beginning in 1976. In 1983 these patterns were adopted by a Hollywood organization, the Caucus for Producers, Writers, and Directors. This group sent a "white paper" containing the patterns, to

its members. This membership comprises 3,800 directors, 6,300 writers, and 700 producers, as well as the entire membership of the Screen Actors Guild and top executives of the three major networks. Basically, the industry endorsed the patterns as their own. In 1986 they issued a second and updated white paper.

We will cite each of the seven patterns, to give an indication of the substantive content of the cooperative consultation exchanges.

1. "Try not to glamorize the drinking or serving of alcohol as a sophisticated or an adult pursuit."

   In the Arlene-Hayley story no glamorization appears. Rather alcohol abuse is portrayed as a destructive force when in the hands of an addict.

2. "Avoid showing the use of alcohol gratuitously in those cases when another beverage might be easily and fittingly substituted."

   There was no gratuitous drinking in the story, with the exception of formal events when champagne was served. Rather, drinking was shown as addictive drinking, drinking for manipulation, or drinking to escape reality. Almost all of this was done by Arlene. To drink or not to drink was a focal point, not a side issue. When young people drank, soft drinks were always used.

3. "Try not to show drinking as an activity which is so "normal" that everyone must indulge. Allow characters a chance to refuse an alcoholic drink by including non-alcoholic alternatives."

   Drinking alcohol was never seen as the norm in the program. For example, when a guest arrived at the host's home he was not asked questions like "What'll you have?" Arlene's drinking was completely different from that of her peers.

4. "Try not to show excessive drinking without consequences or with only pleasant consequences."

   Many consequences have already been sketched. They affected the life not only

of Arlene but also of all the others close to her. The question of consequences was at the heart of the drama: Arlene denying that there were consequences, Hayley playing the part of the enabler and also trying to deny them while everyone else tried to face reality. There were certainly no pleasant consequences and many harmful ones.

5. Demonstrate that there are no miraculous recoveries from alcoholism; normally, it is a most difficult task."

   The problem of recovery was finally discussed openly and its difficulty fully realized. Tom shows Arlene how ill she is and how the support of an A.A. group may be needed for recovery. Again, the problem is seen in its larger context: Arlene is trying to say she can do it alone but the program shows that she needs the help of many others.

6. "Don't associate drinking alcohol with macho pursuits in such a way that heavy drinking is a requirement for proving one's self as a man."

   The drinker is not pictured in a macho or romantic way but is seen as helpless and hurting, destructive to self and to others. Drinking is seen as a life-threatening illness with grave ramifications for those near the alcoholic.

7. "Portray the reaction of others to heavy drinking, especially when it may be a criticism."

   Our presentation of the story has given full attention to the responses of others. First they devoted themselves to name-calling, criticism, and threats. With the accident and the real threat of jail faced by Hayley, the others became ready to accept Tom's suggestion of an intervention and follow a more positive course for Arlene.

After several years of very close consultation with the writer on "All My Children," it is clear that the program's staff has captured the seven patterns and has progressed to a new frame of reference. The patterns are aimed primarily to alert the industry to the major

"don'ts" and alcohol education. While these seven still apply, we have come to believe that a supplemental list of "dos" should be added for those who are now more concerned with what to include rather than what to avoid. The new list might read like this:

1. Tell stories involving alcohol use and abuse from the standpoint of a systems approach: how the alcoholic and those around him/her act and react rather than focusing primarily upon the alcoholic as an isolated entity.
2. Give equal importance to alcoholic and codependent, showing the pain and the possibilities in each role.
3. Show recovering alcoholics as more than persons who do not have to be ashamed of their disease but as persons who can be proud of their recovery.
4. Show, where possible, the career of the codependent as well as the career of the alcoholic and indicate that the codependent needs to work on his/her recovery as well as the alcoholic.

THE ROLE OF THE MEDIA IN HEALTH EDUCATION

Health educators can work with media in several ways. Two of these - cooperative consultation and campaigns - will be discussed here.

Cooperative Consultation

In cooperative consultation educators negotiate with media personnel to improve the quantity and quality of media messages for what they feel is the general good. The goals sought are "common" to all, rather than "distributive," in MacIver's (1928) terms. For example, sunshine is a "common" value: my enjoyment of sunshine does not deny the same to anyone else. In contrast, vested interest groups seeking media exposure expect a "distributive" gain for their personal and exclusionary interest.

Several "social lobbying" groups have succeeded in gaining the cooperation of the media, particularly the television studios. An early example was that of Planned Parenthood and related groups advocating population control (Montgomery 1989). These groups have

maintained close relationships with the industry from the early 1970s. Also entering this scene in the 1970s were the Scott Newman Center and the present writers, lobbying for greater educational quality in televised entertainment programs dealing with drugs, alcohol, and drinking. The work of our group is described in Breed and De Foe (1982) as well as in Atkin and Wallack (1990) and Montgomery (1989).

More recently another group interested in alcohol topics, the Center for Health Communications at the Harvard School of Public Health, has consulted with members of the TV creative community. Introduced to the industry by Frank Stanton and Grant Tinker, both former network presidents, the Harvard Alcohol Project team consulted with some 160 television workers (Stevenson 1990). Their featured theme - drinking and driving - was inserted into 80 episodes during one season. Opinion polls, taken before and after the campaign, showed an increase in the public awareness of these topics. Another group, the American Cancer Society, has done both active and reactive work with television and other media from their New York and Los Angeles offices.

Substance abuse and health generally are not the only topics which have been accepted as "safe" by the studios for direct consultation. They are relatively non-controversial, a near essential trait for a cooperative relationship. Also somewhat non-controversial in some respects are certain aspects of the environment. Ecological messages have been accepted and used in TV entertainment shows as suggested by the Environmental Association, a group whose leading members include Robert Redford, Producer Norman Lear, and Agent Michael Ovitz (Stevenson 1990). The Solar Lobby, a non-profit group, gained the ear of several studios, but its message on renewable energy failed to contain continued interest and its work ended after 18 months in Hollywood.

In many countries health officials, government authorities, and other involved parties have collaborated to produce radio and television soap operas and popular songs containing health messages (Rogers and Singhal 1990). These programs originated in Mexico and have been used also in India, Kenya, Egypt, and several other countries. The topic most frequently

highlighted is family planning. Evaluations of such programs have shown them to be generally effective.

Campaigns

Campaigns are somewhat similar to cooperative consultation, but they differ in two ways. One is that campaigns initiate the substantive material, whereas cooperative consultation accepts the ongoing media content and works to upgrade the production, much as seen in the case of Arlene and Hayley. Health campaigns are organized by groups advocating "common" goals and are offered to the media as special features. The second difference is that campaigns tend to last for a shorter time and the relationships are less intense.

That campaigns can be effective under optimal circumstances is shown in a series of empirical projects. The Stanford Heart Disease Program has employed media as well as community organization in health programs since 1971. In the three-city project of the 1970s, one campaign found reductions in consumption of cholesterol, saturated fat, eggs, and cigarettes smoked (Maccoby and Farquhar 1975). After two years the reduction in egg consumption was almost as great in the media-only city as in the media-plus-intensive-education city (Maccoby, Farquhar, Wood, and Alexander 1977). In the five-city study of the 1980s, quit-smoking rates were calculated at 15% to 22%, figures higher than those in similar communities without such programs (King, Flora, Fortmann, and Taylor 1987). Media were used in the Pawtucket campaign, in which nearly 60% of the subjects reduced their cholesterol levels by an average of 29.1 mg/dl (Lefebvre, Peterson, McGraw, Lasater, Sennett, Kendall, and Carleton 1986). A newspaper campaign on smoking reported decreased use of cigarettes (Cummings, Sciandra, and Markello 1987). Flay and Burton (1987) have reviewed both the methodologies and the findings of numerous campaigns in several health areas.

The Quantity and Quality of Media Health Materials

The media like health as a topic. Several empirical studies attest to this conclusion. Considerable science news - much of it relevant to health (Cole 1975) - reaches media audiences and the frequency continues to rise. Atkin and Arkin (1990, p. 20) state that at least

one-fourth of all articles in daily newspapers are in some way "related" to health. In his study of soap operas, Katzman (1972) found that health was the most frequent conversation topic between characters. Signorielli (1990) reviewed several studies as to the considerable frequency in several areas of health (illness, doctors and nurses, food and nutrition, safety, alcohol, etc.). Our own work in observing and interviewing media for some 40 years (Lazarsfeld, Stycos, and Breed 1950; Breed 1955; and De Foe's association with script writers, producers, and directors since 1970), reinforces the conclusion that media personnel recognize that the large area of health is increasingly central and also is a topic with strong human interest and therefore popular audience appeal. Workers in local media organizations would say that their schedules were tight and permitted no time for research. Most, however, would be receptive to material brought in by health professionals. There is little doubt that the media see health in its many forms as a prime topic for both information and entertainment.

The quality of this material, however, has been criticized by many researchers. Studies of televised entertainment programs find that some health-related materials are low in accuracy and validity. The subjects include nutrition (Kaufman 1980), alcohol use (Breed and De Foe 1981, Greenberg 1979), cancer (Freimuth, Greenberg, DeWitt, and Romano 1984), and physicians (McLaughlin 1975). Signorielli (1990) has reviewed numerous studies in the same vein, and found similar inadequacies. Guidelines for health educators in media work have been prepared by Myers-Walls and Piercy (1984), Robinson (1982), and Rogers (1984). While these findings suggest that health educators as consultants could contribute to greater accuracy and validity, evaluations by social scientists recommend some caution. Weiss (1985) interviewed both the reporters and the social scientists associated with stories that had appeared in the media. Almost 75% of the scholars reported satisfaction with the popular reports on their own work. When asked about the quality of social science reporting in general, however, they were more critical. Weiss suggests that pluralistic ignorance is involved: each person, contented himself, is unaware that the other people are equally contented. All in all, however, the health educator can be seen as a valuable resource to the media.

The Effects of Mass Media

To conclude the section on the role of media we will give a brief review on the question of the overall effects and influence of the media, generally.

That the media influence knowledge, attitudes and awareness, and to a lesser extent behavior - and also the institutions of society - became clear in the 1980s (see Ball-Rokeach and Cantor 1986, particularly the chapters by Lang and Lang, Taylor, McCormack and by the authors themselves). This represents a large departure from the estimates of "minimal" effects in the 1950s and 1960s (Klapper 1960). More recent work continues this belief in the far-reaching and long-term influence of the media, whether direct or indirect (Real 1989 and Altheide and Snow 1991). By forming relationships with media professionals, therefore, health educators are aligning themselves with people and institutions who can become powerful "informed educators" of the society in matters of health.

In summary, we have described the role of the media and its potential in health education. At least two modalities can be used: cooperative consultation and campaigns. It is seen that the media publish and broadcast large amounts of both informational and entertainment materials. The quality of these presentations, however, can be inaccurate and sometimes misleading. The performance and results of these health-related promotions, however, show considerable potential.

Practicing Cooperative Consultation

Those who have read this far may be thinking, can this cooperative consultation really be done? They've read about Arlene's alcoholism and about the response of her family and peers, and how a resolution was reached. They've also discovered that several health-education groups (Planned Parenthood, our group, and the Harvard group, for example) have been able to negotiate friendly professional relationships with media personnel to advance health education. They have seen that health educators possess the capability, under certain conditions, to enlarge and deepen the health message when working with the media. It is also

clear, however, that this role for the health educator is far from easy. It is an almost entirely new role, although one with potential rewards as well as difficulties.

The difficulties include these: gaining access, or how to commence the relationship; how to gain knowledge about practices institutionalized in the media; how to develop the ability to use the principles of cooperative consultation; how to learn; and finally, how to work with the entertainment media - the telling of stories. This is an imposing set of demands, but we feel that by following certain conditions, that many can do it. We already assume, of course, that the health educator has learned the field of health and is willing to continue with the learning process.

On the first difficulty, that of access, the health educator will typically have to make the first moves. These include locating a specific medium (e.g., the local newspaper or broadcasting station) and identify a staff member who is interested in health. On the local paper, of course, the educator can discover over a period of time, which reporter or reporters cover this beat, and then make the approach. The health educator will have prepared one or more projects to suggest first, and describe these to the reporter. If the educator follows the principles stated here, the relationship has a chance to develop.

As for gaining knowledge of media practices, the educator can study the media and its contents, and how they are presented. Beyond that comes reading books and articles on the various media: what they do, what they like and do not like, why they do these things, and so on. The enterprising health educator will go on from there.

The third difficulty deals with the principles of cooperative consultation. The first and still basic principles were given in Breed and De Foe (1982). They are: no pressure is exerted by the health education consultant, the relationship is collegial rather than adversarial, the consultant's suggestions are tailored to the messages familiar to the medium, controversy and ideology are avoided because they threaten the relationship by alienating the goals of the medium, and each party has a self-interest in the relationship in that both recognize that accurate and informative material is getting to the public and that health education is being

served. Both are also getting rewards from their colleagues (or at least some of them) for upgrading the quality and audience appeal of the media messages.

Key factors in the relationship include mutual trust and respect between the two for their commitment to the project, the assurance of confidentiality, and the expectation by the media representative that the consultant understands the problems which the media program faces and so suggestions offered will be in the realm of the practical. It is to be noted that a major concern of those in the television industry is authenticity; if an A.A. meeting, for example, is pictured in an unrealistic manner, the program will receive a great deal of criticism. The consultant offers the media partner either the exact information needed for authenticity or the knowledge of where to look to maintain a high level of realism. Everyone profits from the relationship. Both know that they are acting in a responsible manner. Altruism and self-interest come together. And the educator knows that information and suggestions made to the program will receive a fair hearing.

Seven years of relationship with the staff of "All My Children" show these principles to be workable. Most of the intervention has been achieved between a writer and the senior author. In effect the television writer has become the in-house authority on AOD. Both general and specific education were supplied to the media representative and feedback to the consultant permitted detailed discussion of character, and of plot terms and twists involving AOD. Also both parties will have an expectation that the relationship will be a continuing one.

The last of these difficulties (there will be more later) moves onto a new level, beyond news and feature items to the domain of entertainment and the telling of stories. At this point the ideas of Nancy Signorielli are appropriate:

> Television is our most common and constant learning environment. Its world both mirrors and leads society. Television is first and foremost a storyteller - it tells most of the stories to most of the people most of the time - and thus it is the wholesale distributor of images, and it forms the mainstream of our popular culture. Our children

are born into a home in which a centralized commercial institution, rather than parents, church or school, tells most of its stories. The world of television shows and tells us about people, places, striving, power and fate. This storytelling function of television is extremely important, for it is through these stories that people learn many different things about the world and its peoples.

TVs entertainment programs and commercials, with potential health messages embedded in them, reach tens of millions of viewers each day. More importantly, these messages reach viewers who would otherwise not expose themselves to such information and do not fully realize that these messages impact upon them.

Recent public health evidence demonstrates the importance of lifestyle factors, including the influence in both imparting health information and impacting upon health. According to the Surgeon General, culturally sustained behavioral and lifestyle factors account for as much as half of all U.S. mortality (Signorielli 1990).

The ability to "embed" health messages into TV stories represents, at least at this time, a very high reach of cooperative consultation. It offers the opportunity to enhance both the quality of health education and the entertainment value of the story - a value much appreciated in television studios and networks. Returning to the Arlene-Hayley story, the consultations eventuated in heightened interest for the viewer. By presenting two sides, the codependent as well as the alcoholic, the problem drinking is seen in a more realistic - and tension-laden - light for the viewer.

In this story the viewer can identify with Hayley and her dilemma of deciding how to respond to her mother's drinking problem. The story asks, "What is a daughter's duty?" Equally with respect to Arlene, "What is a mother's duty?" And finally, "How will the conflict be resolved?" The writers, perhaps recalling earlier consultations, were working with a story full of conflict, and viewers were able to see (as suggested by Signorielli) what alcoholism does to people, the alcoholic and also the family and peers and how they cope with problems known in the real world by millions of people - families, friends, neighbors, and

coworkers of alcoholics. They could see the family threatened with dissolution. The lifestyles of seven or eight persons were acted out in a program that provided alcohol education to millions of viewers.

The earlier consultations had covered alternative modes of handling such situations as this. As the Arlene-Hayley story developed this material become usable for the script. For example, the response of the other people was discussed at length. It became clear that stereotyped responses like insults and name-calling are counterproductive. They contrast with the newer A.A. - Al Anon practice of detachment and the use of the intervention (as used in the real-life case of Betty Ford and her addictions). In this procedure the others confront the alcoholic. Each reports the actions by the alcoholic they have seen, and how they feel about this. This approach has been found to be productive in many cases. It should be added here that the intervention should not be undertaken without the aid of an experienced person.

Returning to the practice of cooperative consultation and its difficulties, we have seen the health educator may feel that the demands of the relationship are nearly impossible to meet. Let us visualize an ideal relationship. In this situation the health educator knows the media situation as well as the health field and the media staffer has an interest in the health field and would like to know more. The likelihood of success here is good. In the present case the consultant had been in the alcohol field for some 20 years, both as a researcher and therapist and had also worked as a writer in Hollywood. The writer for "All My Children" had an interest in AOD and was curious to know more. Short of this ideal, what can be done?

Retaining the notion that the task is a demanding one, we feel that the contemporary societal condition removes problems present several years ago: the "health movement" is stronger, more people have learned the lesson of nutrition, exercise, and the dangers of overdoing in the areas of alcohol and other lifestyle habits. The culture of health today favors healthy lifestyles more than in the past. Given these conditions we believe that the cooperative consultation relationship is quite possible, although certainly still not easy, when three conditions are met:

1. The health educator has an interest in media and makes the effort to learn more about media.
2. The media representative has a stake in the health issue, along with some experience and knowledge and is willing to follow up further.
3. Mutual respect and commitment to the relationship and to health education are present. These we feel to be minimal requirements for the formation of a mediated health education team.

As both parties carry out their work and follow the principles of cooperative consultation, the relationship - always somewhat tenuous because of the difficulties mentioned - can become mutually rewarding. The media worker has been sensitive to the seven patterns and other knowledge gained from the partner, but due to time and other pressures may neglect to use all of this knowledge. At times like this the health educator can step in as a kind of "cheerleader" and continue to support the media worker so that the relationship continues.

Earlier in this paper we discussed some difficulties in beginning the process. These, however, were located at the interpersonal level. A second set (Atkin and Arkin 1990, pp. 15-16) are found at the societal level. "Conflicting priorities" exist between the two institutions. The conflicts revolve, of course, around making a profit versus improving the public health. Their case is well expressed and health educators will want to recognize the disparate's objectives. Even more, another set of conflicts exists between health and its scientific basis, as against the more commercial and entertainment goals of the media (Nelkin 1987, Weiss 1985).

Several other notes:

- Soap operas are an ideal vehicle for cooperative consultation. They run five hours a week, allowing the time to explore relationships, characters, and careers without the haste required in prime-time programs.
- All stories will not resemble the Arlene story. The possibilities in stories have been endless since Homer.

- The media tend to feel a responsiblity to the society (Stuyuck 1990; Wallack 1990). In our work we have seen that many stories - while vulnerable to many well-known charges by critics and scholars - have offered scenes that can be considered as educational, both to youth and to adults, on questions of morality and lifestyle.
- In dealing with alcoholism and recovery we have used the model of A.A. and Al-Anon in preference to other models. We did this because A.A. is the most widely accepted modality for dealing with alcohol problems, and because "All My Children," before we began our consultations, already had two characters on the program who were associated with A.A.
- We would like to question the statement by Atkin and Arkin (1990, p. 21) that consultants are restricted to "minor" modifications in content. The Arlene story, we feel, was not a minor modification of televised stories on alcoholism.

Conclusion

Both of the books mentioned at the start (Atkin and Wallack and Resnik) argued in favor of new modes of using media in AOD and health education. The case example given here, plus the related materials on the experiences of various groups working with media, is relevant to this goal. The media like health material as subjects, and the field of public health has a lot of material to fill the "hole." This sounds like a good opportunity to devise modes of getting them together and enhancing health education.

We believe that cooperative consultation and related techniques should be given substantial further testing.

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